OR

ADD'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 201-0843(FGT-1897 PA) Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) NUMBER EXTRA RATE FOR NUMBER FILED RATE FEE FEE BASIC FEE 770.00 (37 CFR 1.16(a)) OR TOTAL CLAIMS x \$<u>1</u>8 = 738.00 41 · 21 minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 3 minus 3 X \$ OR X \$ (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR 1508.00 TOTAL TOTAL OR \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY (Column 2) SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER TIONAL TIONAL **PREVIOUSLY EXTRA** AFTER AMENDMENT AMENDMENT PAID FOR FEE FEE Total Minus X S OR (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Minus \_ OR X \$ = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST Ω PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-**PREVIOUSLY EXTRA TIONAL** TIONAL **AFTER** AMENDMENT PAID FOR FEE FEE 冚 **IENDME** Total (37 CFR 1.16(c)) Minus = OR X S Independent (37 CFR 1.16(b)) Minus X \$ X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ပ **PRESENT** RATE ADDI-RATE ADDI-REMAINING NUMBER TIONAL **EXTRA TIONAL PREVIOUSLY** ENDMENT **AFTER** FEE **AMENDMENT** PAID FOR Total (37 CFR 1.16(c)) Minus X \$ OR Independent (37 CFR 1.16(b)) Minus = X \$ = OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

ADD'L FEE

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10705513

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 62							Γ	RATE	FEE	] [	RATE	FEE
FOR NUMBER FILED					NUMB	ER EXTRA	Б	BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS 6 2 minus 20=					*	じて		X\$ 9=		OR	X\$18=	756
INDEPENDENT CLAIMS 5 minus 3 =					* (	2		X43=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter						olumn 2	L	TOTAL		OR	TOTAL	1698
CLAIMS AS AMENDED - PART II								ι		•	OTHER	
	(Column 1) (Colum					(Column 3)	_	SMALLE		OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL		י בן	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								DDIT. FEE			AUUII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		<u> </u>		X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
						,	L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		1 ~	ADDIT. FEE	L
AMENDMENT C	`	CLAIMS REMAINING AFTER PR		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
${\sf L}^{\!$	FIRST PRESE		\	+145=				<b> </b>				
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												